



**BALLOT QUESTION COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by
the treasurer or designated record keeper.

3. This Statement covers From: 09/01/2012 To 12/31/2012
Mo Day Year Mo Day Year

1. Committee I.D. Number
150677-0

4. Committee's Mailing Address
P O BOX 775

2. Committee Name
SUPPORT YOUR MUSEUM

BAY CITY MI 48707
Area Code and Phone (989) 922-6447

If the address in this box is different from the committee mailing address on the Statement
of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address
STEWART REID
2196 OLD HICKORY DR

BAY CITY MI 48706
Area Code and Phone (989) 922-6447

Driver License # (Optional)

6. Treasurer's Business Address

7. Designated Recordkeeper's Name and Mailing Address (If the committee has a
Designated Recordkeeper)

Area Code and Phone

Area Code and Phone

Driver License # (Optional)

8. TYPE OF STATEMENT:

8a. ☐ PRE - ELECTION
OR
8b. ☐ POST - ELECTION

Pre-Election or Post-Election Statement relates to:

☐ PRIMARY ☐ GENERAL
☐ SCHOOL ☐ SPECIAL

Date of Election:

11/06/2012
Month Day Year

8c. ☒ ANNUAL STATEMENT
(2012 Coverage Year)

8d. ☐ QUALIFICATION
OR

☐ NON-QUALIFICATION STATEMENT
(Required of State-wide Ballot Question
Committees Only)

Date of Qualification or Non-Qualification:

Month Day Year

8e. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c, 8d, or 8f to
indicate which Statement is being amended)

8f. ☐ DISSOLUTION OF COMMITTEE
Effective Date of Dissolution

Month Day Year

By checking this item, I certify that the
committee has no assets or outstanding
debts, including late filing fees. Note: The
disposition of residual funds must be
reported on Schedule 4B and the Summary
Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Recordkeeper

STEWART REID
Type of Print Name

Stewart J. Reid
Signature

Date 01/28/2013
Month Day Year



**SUMMARY PAGE
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 150677-0

2. Committee Name SUPPORT YOUR MUSEUM

RECEIPTS

	Column I This Period	Column II Cumulative for Election
3. Contributions		
a. Itemized Contributions(Schedule 4A, Column 6)	(3a.) \$ <u>600.00</u>	
b. Unitemized Contributions (less than \$20.01 - no Schedule)	(3b.) \$ <u>0.00</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>600.00</u>	(18.) \$ <u>600.00</u>
4. Other Receipts (Schedule 4A-1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 c + Line 4)	(5.) \$ <u>600.00</u>	(20.) \$ <u>600.00</u>

IN-KIND CONTRIBUTIONS

6. In-Kind Contributions		
a. Itemized In-Kind Contributions (Schedule 4-IK, Column 7)	(6a.) \$ <u>293.88</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ <u>0.00</u>	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$ <u>293.88</u>	(21.) \$ <u>293.88</u>

EXPENDITURES

8. Expenditures		
a. Itemized Direct Expenditures (Schedule 4B, Column 7)	(8a.) \$ <u>550.00</u>	
b. Itemized Get-Out-the Vote (Schedule 4B-G, Column 6)	(8b.) \$ <u>0.00</u>	
c. In-Kind Expenditures - Purchase of Goods or Services (Schedule 4B-2, Column 7)	(8c.) \$ <u>0.00</u>	
d. Unitemized Expenditures (\$50.00 or less-no Schedule)	(8d.) \$ <u>0.00</u>	
e. Subtotal of Expenditures	(8e.) \$ <u>550.00</u>	(22.) \$ <u>500.00</u>
9. Independent Expenditures (Schedule 4B-1, Column 7)	(9.) \$ <u>0.00</u>	(23.) \$ <u>0.00</u>
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ <u>550.00</u>	(24.) \$ <u>500.00</u>

IN-KIND EXPENDITURES

11. Total In-Kind Expenditures-Endorsements, Donations or Loans of Goods or Services (Schedule 4B-2, Column 8)	(11.) \$ <u>0.00</u>	(25.) \$ <u>0.00</u>
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DEBTS AND OBLIGATIONS

12. Debts and Obligations	
a. Owed by the Committee (Schedule 4E)	(12a.) \$ <u>0.00</u>
b. Owed to the Committee (Schedule 4E)	(12b.) \$ <u>0.00</u>

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>
14. Amount received during reporting period (Line 5, Column I, Total Contributions & Other Receipts)	(14.) + <u>600.00</u>
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>600.00</u>
16. Amount expended during reporting period (Line 10, Column I, Total Expenditures)	(16.) - <u>550.00</u>
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>50.00</u> *

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedule pages must be included with this statement. *If your ending balance is negative, please recheck your math.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 150677-0

2. Committee Name SUPPORT YOUR MUSEUM

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for
Election for Each
Contributor (Through
date of receipt)

3. Contribution # 1

4. Date of Receipt 09/19/2012

Name: RICHARD DEMARA

Address:
4020 ALLEN CT

BAY CITY MI 48706

5. If over \$100.00 cumulative, please provide:

Occupation RETIRED Employer _____

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fundraiser

200.00

200.00

3. Contribution # 2

4. Date of Receipt 09/19/2012

Name: JUDITH JEFFERS

Address:
2326 BAY WOODS CT

BAY CITY MI 48706

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fundraiser

100.00

100.00

3. Contribution # 3

4. Date of Receipt 09/19/2012

Name: GARY JOHNSON

Address:
614 HART

ESSEXVILLE MI 48732

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fundraiser

50.00

50.00

3. Contribution # 4

4. Date of Receipt 09/19/2012

Name: LEON KATZINGER

Address:
1406 N DEWITT ST

BAY CITY MI 48706

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fundraiser

50.00

50.00

Page Subtotal
Grand Total of All Schedules 4A
(Complete on last page of Schedule)

400.00

Enter this total
on line 3a of
Summary
Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 4A
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 150677-0

2. Committee Name SUPPORT YOUR MUSEUM

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial.

6. Amount

7. Cumulative for
Election for Each
Contributor (Through
date of receipt)

3. Contribution # 5
Name: FRANK QUINN
Address:
4110 CREEKWOOD

4. Date of Receipt 09/19/2012

50.00

50.00

BAY CITY MI 48706

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fundraiser

3. Contribution # 6
Name: JEFF STAUDACHER
Address:
397 RIVER DR

4. Date of Receipt 09/19/2012

100.00

100.00

BAY CITY MI 48706

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fundraiser

3. Contribution # 7
Name: RON BLOOMFIELD
Address:
1322 E BEAVER RD

4. Date of Receipt 10/02/2012

50.00

50.00

KAWKAWLIN MI 48631

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fundraiser

Page Subtotal
Grand Total of All Schedules 4A
(Complete on last page of Schedule)

200.00

600.00

Enter this total
on line 3a of
Summary
Page



**ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 4-IK
BALLOT QUESTION COMMITTEE**

1. Committee I.D. Number 150677-0

2. Committee Name SUPPORT YOUR MUSEUM

3. Name and Address from whom received If contribution is from an individual, please enter last name first	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election (Through date in item 5)
Contribution # 1 Name and Address: JEFF STAUDACHER 397 RIVER DR BAY CITY MI 48706 If over \$100.00 cumulative, please provide: Occupation BROKER Employer EDWARD JONES Business Address 205 CENTER BAY CITY MI 48708 <input type="checkbox"/> Fund Raiser	4. <input type="checkbox"/> Loan endorsement or guarantee <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others - LOAN Description <u>SIGNS</u> 5. DATE OF RECEIPT: <u>10/03/2012</u> 6. VENDOR NAME AND ADDRESS: <u>SIGNS ON THE CHEAP</u> <u>11525A STONEHOLLOW DR</u> <u>SUITE 100</u> <u>AUSTIN TX 78758</u>	293.88	393.88

Page Subtotal
Grand Total of all Schedules 4-IK
(Complete on last page of Schedule)

293.88
293.88

Enter this total on
line 6a of
Summary Page



**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 4B
BALLOT QUESTION COMMITTEE**

1. Committee I.D Number 150677-0

2. Committee Name SUPPORT YOUR MUSEUM

3. Name and address of person to whom paid	4. State purpose of expenditure and you may assign an expenditure code 5. Identify the ballot proposal involved. Indicate whether supported or opposed.	6. Date	7. Amount	8. Cumulative for election
Expenditure # 1 Name : JEFF STAUDACHER Address: 397 RIVER DR BAY CITY MI 48706 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>REIMBURSEMENT</u> Expenditure Code: <u>SA</u> 5. Ballot Proposal: <u>MUSEUM MILLAGE RENEWAL</u> County: <u>BAY</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/03/2012	500.00	
			Memo - itemization below	
Expenditure # 2 Name : SIGNS ON THE CHEAP Address: 11525A STONEHOLLOW DR SUITE 100 AUSTIN TX 78758 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>SIGNS</u> Expenditure Code: <u>SA</u> 5. Ballot Proposal: <u>MUSEUM MILLAGE RENEWAL</u> County: <u>BAY</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	10/03/2012	(500.00)	(500.00)
			Memo - itemization	
Expenditure # 3 Name : JEFF STAUDACHER Address: 397 RIVER DR BAY CITY MI 48706 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>EXPENS EREIMBURSEMENT</u> Expenditure Code: <u>SA</u> 5. Ballot Proposal: <u>MUSEUM MILLAGE RENEWAL</u> County: <u>BAY</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	11/20/2012	50.00	
			Memo - itemization below	
Expenditure # 4 Name : SIGNS ON THE CHEAP Address: 11525A STONEHOLLOW DR SUITE 100 AUSTIN TX 78758 <input type="checkbox"/> Check box if expenditure is payment of debt or obligation reported on previous statement <input type="checkbox"/> Fund Raiser	4. Purpose: <u>SIGNS</u> Expenditure Code: <u>SA</u> 5. Ballot Proposal: <u>MUSEUM MILLAGE RENEWAL</u> County: <u>BAY</u> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> Statewide <input checked="" type="checkbox"/> Local	11/20/2012	(50.00)	(550.00)
			Memo - itemization	

Subtotal this page
Grand Total of Schedules 4B
(Complete on last page of Schedule)

550.00

550.00

Enter this total
on line 8a of
the Summary
Page